

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Torri et al.

SERIAL NO.: 10/006,098

FILED: 12/04/01

Title: USER INTERFACE FOR A HANDHELD WIRELESS COMMUNICATION
DEVICE

EXAMINER: Not assigned

GROUP: 2681

DOCKET NO.: CS11027

COPY OF PAPERS
ORIGINALLY FILEDMotorola, Inc.
Intellectual Property Dept.
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Libertyville, IL 60048REQUEST FOR CORRECTED FILING RECEIPTATTN: Group 2681
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Sir:

The Patent and Trademark Office is respectfully requested to issue a Corrected Filing Receipt indicating correction of the following information as marked in red on a copy of the Filing Receipt enclosed herewith.

Under "Title": please add **device** after the word communication

Respectfully submitted,

By: Roland K. Bowler II
Attorney for Applicants
Registration No. 33,477
Phone: (847) 523-3978
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Date

Please forward all correspondence to:
Motorola, Inc.
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 10/006,098 | 12/04/2001 | 2681 | 824 | CS11027 | 4 | 20 | 4 |

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600 NORTH US HIGHWAY 45
LIBERTYVILLE, IL 60048-5343



CONFIRMATION NO. 9467

FILING RECEIPT



OC000000007252386

Date Mailed: 01/03/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Tonya Torri, Grayslake, IL;
Ross Ripley, Gurnee, IL;

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Domestic Priority data as claimed by applicant

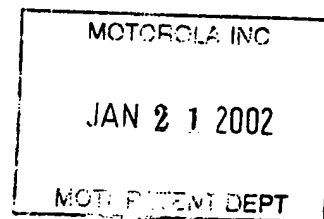
Foreign Applications

If Required, Foreign Filing License Granted 01/02/2002

Projected Publication Date: 06/05/2003

Non-Publication Request: No

Early Publication Request: No



DSN
02/07/02

Title

User interface for a handheld wireless communication device

Preliminary Class

455

LICENSE FOR FOREIGN FILING UNDER



PATENT APPLICATION

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Torri et al. EXAMINER: Not assigned
SERIAL NO.: 10/006,098 GROUP: 2681
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DEVICE

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By: Karen M. Fenton
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Date: February 12, 2002



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Bib Data Sheet

CONFIRMATION NO. 9467

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|--|---|-------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 10/006,098 | FILING DATE 12/04/2001 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. CS11027 | |
| APPLICANTS Tonya Torri, Grayslake, IL; Ross Ripley, Gurnee, IL; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY IL | SHEETS DRAWING 4 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 4 |
| ADDRESS 20280 | | | | | |
| TITLE User interface for a handheld wireless communication device | | | | | |
| FILING FEE RECEIVED 824 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |